

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807949

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19	1					
20	1		1			
21						
22						
23						
24	1		1			
25						
26						
27						
28	1					
29						
30						
31			1			
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43			1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	18	↓		↓
TOTAL CLAIMS			22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS